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Weekly Bulletin



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EDITOR

TUBERCULOSIS PROBLEMS OF TODAY.*

By CHESLEY BUSH, M.D., Medical Director, Arroyo Sanatorium, Livermore.

A survey of our country today with reference to tuberculosis is most encouraging. We find everywhere a decrease in mortality rates which is little short of astonishing. The death rate of 195 per 100,000 in the original registration area of the United States in 1900 has changed to 95 per 100,000 in 1921. Better than that, the death rate in the Industrial Department of the Metropolitan Life Insurance Company has fallen from 224 in 1911 to 97 in 1921.¹ Figures of Great Britain seem to show the same favorable trend. Most encouraging, too, is the recently shown decrease in the mortality of children in a great city, such as New York.

There has been much discussion as to whether this decrease in death rates has been directly due to the efforts of tuberculosis public health workers or to other reasons. Opponents to the value of health measures have pointed out that the death rate from tuberculosis began to fall before the advent of tuberculosis work, which is true.

It has been shown that the death rate from tuberculosis has been falling for the past one hundred years. Such things as the invention and application of steam to industry and the extended use of electricity have raised the standard of living of the average person. This has resulted

in better living and working conditions, and it must be remembered that every agency which improves the general health of the individual is indirectly preventing a possible tuberculosis or helping to check an actual tuberculosis. It is true, however, that the recent remarkable figures have followed the extensive health work begun in the United States in the past quarter of a century. And tuberculosis rates have fallen faster than the rates of other diseases comparable with it. So great an authority as Louis I. Dublin, after an intensive study of the subject from the Statistical Department of the Metropolitan Life Insurance Company, says, "Together, the evidence should be irresistible that the recent decline in the tuberculosis death rate can be largely credited to the agencies which have been put in operation directly or otherwise to control tuberculosis." And in his recent survey of tuberculosis among the children of the city of New York,² Drolet states that the decline in the death rate is due not only to the better and tuberculosis free milk supply, but to the more extensive segregation of the adult tuberculous in institutions during the most active and open periods of their disease.

What, then, are the health agencies which have a direct bearing on the

Bibliography—¹ The Causes for the Decline in Tuberculosis and the outlook for the Future. Louis I. Dublin, Ph. D.—Metropolitan Life Insurance Co. 1923.

² Tuberculosis in Children. Godus J. Drolet—American Review, June, 1925—292.

* Read at Seventeenth Annual Conference of California Health Officers, Long Beach, September 30, 1925.

decline of the tuberculosis death rate? They are the agencies of diagnosis, segregation, and treatment, whether they are intended primarily for tuberculosis or for public health in general. The various health departments, diagnostic clinics, preventoria, hospitals and sanatoria are so definitely bound up in the program that a failure of one means a lessened efficiency of the others. Until we find a specific treatment for tuberculosis or a means of vaccination such as Calmette suggests, we must agree that a cure for *tuberculosis, both as a general health problem and as an individual health problem, is already here*. In our present methods our only failure lies in the fact that we do not make a more intensive use of the facilities we have.

A tuberculosis problem of today, then, is the better carrying on of our present methods. These methods can be improved, not necessarily by the expenditure of a great deal of money or in the indefinite construction of new hospitals and sanatoria, but by a better correlation of those we already have. These methods can be improved because our added knowledge of the pathology of tuberculosis has focused our attention on childhood infection with increased emphasis on the value of child health work and of so-called "preventoria" in the prevention of actual disease. We have come to look upon tuberculosis as having two phases. But, here again, correlation of our work is paramount.

Let us consider these (so-called) preventoria. Here we have what might be termed an "open-air rest school home" for children who *may be* or *are* candidates for active tuberculosis. These preventoria have a definite place in the tuberculosis program. Their efficiency is reduced tremendously, however, unless they are operated in conjunction with school health departments who are picking out the children in their jurisdiction who need extra medical care and attention. These health departments should be providing open air school rooms and rest periods and extra nourishment for their little wards, *many of whom can be brought to normal by these methods in their home environment*. A nursing service should run into the homes where changes in sleeping conditions and hours or advice as to food may be all that is necessary. If all these fail, then preventoria should be thought of, but not before. If these things are not done, what an economic and unnecessary waste it is to even try to build preventorium accommodations for the large number of children needing such attention. There is always a tendency to rush these prob-

lem children into a preventorium because that is the easiest disposition of the moment. The result is that many preventoria are doing needless work. Moreover, when the children are returned, their home environment is unchanged. Social workers have a tendency to waste preventorium care on the feeble-minded, either because they think the preventorium is an easy temporary disposition of the case, or because they *do not understand* the problem from the viewpoint of tuberculosis. A preventorium, without co-related clinics and school health service, may be doing some good, but it is not even working at ten per cent efficiency.

Take, for instance, the tuberculosis clinic. Physicians working in these clinics and basing their knowledge of the individual patient on X-ray and physical signs are working blindly if they can not obtain information from the homes and from the families which can only be obtained by an organized and trained nursing and social service. Their efficiency in giving medical advice can only be maintained by correlation of their work with others.

Another instance is the sanatorium. The mission of the sanatorium is three-fold. First, segregation of the open case during the active stages of the disease; second, arrest of the disease to an economic cure; third, education of the patient. Do all sanatoria accomplish these three things? They do not. Why? Because large and expensive sanatoria are built without any relation to diagnostic clinics to segregate and pick out the types of cases which may be most amenable to treatment. Other sanatoria are built with no provision made to house the advanced and chronic tuberculous case away from the incipient so that the result is, as always, the incipient tuberculous refuses to leave his home to go to the sanatoria until he becomes practically moribund. Then we have the picture of a sanatorium filled with 95 per cent hopeless cases, segregating positive sputum cases truly, but utterly failing in its curative and educative qualities. We have the sanatorium turning out cases without relation to any follow-up work, just as important to the welfare of the indigent patient as the arrest of his disease, because he has an economic battle to handle as well as the fight to retain his health. And this correlating follow-up is usually deficient because of lack of interest amongst the field workers in tuberculosis who fail to grasp the problems at point. We also have sanatoria at work without provision for children, even though children,

definitely ill, are waiting somewhere for care.

The educative side of sanatoria in educating the lay public and the lay individual is enormous. In fact, the economic cure of active tuberculosis in the adult population is only obtained through the education and cooperation of the patient. This education and cooperation can rarely be obtained in the clinic and in the home. Our experience has been this. We can waste months of effort talking and lecturing about tuberculosis, but the patient never fully understands and realizes what is taught until he learns by observation and instruction in a sanatorium. A practical demonstration of this has been the increase of sanatorium beds in the United States to almost 70,000, because public opinion has wanted for the average individual what only the person of means had hitherto been able to buy. It is estimated that we are turning out about 150,000 patients a year from these sanatoria. As a matter of education, Allen Krause estimates, if each of these patients has three friends, we are instructing in tuberculosis methods about half a million people per year. This is a gigantic factor in the entire problem of combatting tuberculosis, and there is no doubt that the general populace is much more "tuberculosis-wise," if we may call it that, than it was ten years ago. We frequently saw patients then whom we actually had to force sleeping in the open air. We saw patients then who did not understand why they should go to bed upon entering a sanatorium, and refused to stay for that reason. We simply do not see them now. We see patients on the other hand who tell us frankly that they understand that it will take a year or two for them to get well, and upon enquiring, we find that they knew somebody who had been in a sanatorium, or had a friend or relative with the disease. In fact, I believe that many of our intelligent patients who are now turned out of sanatoria know more about tuberculosis than many of the medical and nursing people with whom they may come in contact later, provided these medical and nursing people have not had any special training in tuberculosis. It stands to reason that, if we fail to educate the patient in the home, no matter how hard we try, it is going to be hard to educate our nurses or our medical students and social workers with a few casual lectures on tuberculosis.

This has recently rather forcibly been brought to my attention by the fact that Arroyo Sanatorium has installed a

monthly rotating interne service with the Alameda County General Hospital. I was very much interested in getting the reaction of the internes to a month spent in a sanatorium. They are usually eager for training in general medicine or surgery. Our internes come from the best of schools, yet so little have they had of tuberculosis in their curriculum, that they come to practically new work and new ideas. They have been most appreciative of the time spent.

The correlation of all our tuberculosis work has to be done by physicians and nurses and social workers. They are the people who will meet the patients, who will pick out the children and carry on with the families. Our sanatoria, where they are working properly, are fertile fields of education to the patients. Why not to our future workers? It is my firm conviction that every well-organized sanatorium, especially those who have a children's department in connection, should give a rotating service of at least a month to internes, nurses and probably social workers also, so that we may have in the field and in the school and in the home better trained people to correlate our activities in the future. And, by making our sanatoria teaching institutions, we are going to have better sanatoria.

One of the tuberculosis problems of today is, then, a better correlation of all our present anti-tuberculosis activities with special reference to maintaining the health of the child. The fundamental requirement to obtain better correlation is a more intimate education of our workers with tuberculosis problems during their course of training—an education not obtainable by formal lectures.



Twisted and gnarled trees may inspire admiration because they bear living testimony to the storms they have withstood, but men and women with warped and twisted personalities and characteristics inspire no such sentiments. They are at once a burden to others and to themselves. The old saying, "as a twig is bent the tree's inclined," carries solemn warning to those of us who are caring for children, since traits for good and ill are given their definite bent or development in the early days of childhood.

We are accustomed to think that children's being "spoiled" only by kindness or over-indulgence. We forget that they may be equally "spoiled" in the deepest sense of the word by misunderstanding, carelessness, ignorance or neglect; that they may acquire as children a philosophy and outlook that will unfit them later to dwell in peace with their fellowmen. Some one has said that living is a fine art. How much of this art are we actually teaching the children under our care?

—Mary S. Labaree.

MORBIDITY.***Diphtheria.**

85 cases of diphtheria have been reported, as follows: Los Angeles 20, Los Angeles County 10, San Francisco 9, Fresno 5, Stockton 5, Oakland 11, San Jose 2, Humboldt County 2, Contra Costa County 1, Tulare County 1, Orange County 1, Walnut Creek 1, Berkeley 3, Monrovia 1, Santa Ana 1, San Joaquin County 3, San Diego 2, Escondido 1, Sonoma County 1, Fresno County 2, Benicia 1, Sutter County 1, Santa Cruz County 1.

Measles.

9 cases of measles have been reported, as follows: Whittier 1, San Francisco 2, San Jose 1, Sierra Madre 1, Los Angeles County 1, Lodi 1, Los Angeles 1, Oakland 1.

Scarlet Fever.

77 cases of scarlet fever have been reported, as follows: Los Angeles 16, San Francisco 14, Los Angeles County 11, Stockton 7, Oakland 4, Montebello 1, Richmond 1, Orange County 3, Fresno County 1, Ontario 1, Tulare County 1, San Jose 4, Fresno 2, Gilroy 1, Tracy 1, San Diego 1, Long Beach 1, Sutter County 2, Kern County 4, Porterville 1.

Smallpox.

17 cases of smallpox have been reported, as follows: Los Angeles 8, San Francisco 2, Sacramento 2, Los Angeles County 2, Contra Costa County 1, Oakland 2.

Typhoid Fever.

8 cases of typhoid have been reported, as follows: Oakland 1, Colusa 1, Plumas County 1, Los Angeles 2, Riverside County 1, Riverside 1, California 1.

Whooping Cough.

76 cases of whooping cough have been reported, as follows: Los Angeles 6, Berkeley 15, San Francisco 13, San Diego 6, Richmond 5, Santa Barbara 9, Long Beach 3, Riverside 2, San Mateo 1, Pasadena 3, San Jose 1, Santa Ana 1, San Joaquin County 1, Stockton 4, Contra Costa County 1, Los Angeles County 1, Oakland 4.

Poliomyelitis.

17 cases of poliomyelitis have been reported, as follows: San Francisco 2, Los Angeles County 3, Alameda 1, Orange County 1, Chico 1, San Gabriel 1, San Diego 1, Los Angeles 3, Selma 1, Contra Costa County 1, Oakland 2.

Epidemic Meningitis.

San Francisco reported one case of epidemic meningitis.

Leprosy.

San Francisco reported two cases of leprosy.

Epidemic Jaundice.

Porterville reported one case of epidemic jaundice.

*From reports received on October 12 and 13 for week ending October 10.

COMMUNICABLE DISEASE REPORTS.

	1925				1924			
	Week ending			Reports for week ending Oct. 10 received by Oct. 13	Week ending			Reports for week ending Oct. 11 received by Oct. 14
	Sept. 19	Sept. 26	Oct. 3		Sept. 20	Sept. 27	Oct. 4	
Anthrax.....	0	0	0	0	0	0	1	0
Chickenpox.....	35	41	55	74	49	52	59	70
Diphtheria.....	84	90	84	85	127	159	187	169
Dysentery (Bacillary).....	2	2	2	4	0	0	0	2
Epidemic Encephalitis.....	2	2	0	0	2	2	0	3
Epidemic Jaundice.....	0	0	0	1	0	0	0	0
Epidemic Meningitis.....	2	1	1	1	1	2	3	1
Gonorrhoea.....	299	77	74	94	100	107	118	59
Influenza.....	12	11	5	13	6	9	18	4
Leprosy.....	2	0	0	2	1	0	2	0
Malaria.....	2	4	3	1	5	2	3	1
Measles.....	12	16	20	9	12	14	19	20
Mumps.....	70	110	102	88	33	40	32	42
Pneumonia (lobar).....	15	24	30	26	25	32	36	27
Poliomyelitis.....	23	22	12	17	3	7	3	3
Scarlet Fever.....	39	55	64	77	61	90	86	96
Smallpox.....	19	20	14	17	66	47	41	50
Syphilis.....	220	116	86	125	117	120	144	87
Tuberculosis.....	153	183	155	277	172	172	187	135
Typhoid Fever.....	20	28	17	8	19	34	52	18
Whooping Cough.....	83	76	45	76	53	42	51	44
Totals.....	1094	878	769	995	852	931	1042	831

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